

State of Utah

Department of Environmental Quality Division of Air Quality Lead-Based Paint Program 195 North 1950 West, 4th Floor P.O. Box 144820 Salt Lake City, Utah 84114-4820

Otan DAQ Date Received Stamp Only	

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LEAD-BASED PAINT CERTIFICATION APPLICATION FOR FIRMS

A. Applicant Information

Please complete all appropriate fields in this section. The Utah Division of Air Quality (DAQ) will use this information to certify your firm to perform lead-based paint (LBP) work activities and to track your firm's certification status in Utah. You may list up to two addresses, however, the business address listed below **must** be a street address (i.e. **not** a post office box). Attach additional sheets of paper using the following format, if necessary. Please complete this form by writing legibly (using blue or black ink only) or by using a typewriter/computer printer.

Business Address: Street Address, Suite No. (Please, no P.O. Box)	name of Firm:						
Street Address, Suite No. (Please, no P.O. Box) City State Zip Code Mailing Address: (It different than above) Street Address, Suite No. IP.O. Box City State Zip Code Firm's Phone # (Business Address:	:					
Mailing Address: (If different than above) Street Address, Suite No./P.O. Box City State Zip Code Firm's Phone # (Street Address, Suite No. (Plea	ase, no P.O. Box)				
Mailing Address: (If different than above) Street Address, Suite No./P.O. Box City State Zip Code Firm's Phone # (Cib					
Street Address, Suite No./P.O. Box City State Zip Code Firm's Phone # (City				State	Zip Code
Firm's Phone # (Street Address, Suite No./P.O. E	Вох				
Firm's Phone # (
Firm's Officers/Titles: Last Name First Name First Name Middle Initial Title Last Name First Name First Name Middle Initial Title Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name First Name First Name First Name First Name First Name Middle Initial Title Attesting Officer's Phone # ()		City				State	Zip Code
Firm's Officers/Titles: Last Name First Name First Name Middle Initial Title Last Name First Name Middle Initial Title Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name Middle Initial Title Attesting Officer's Phone # ()	Firm's Phone # (ext	Firm's FAX #	()	
Last Name First Name Middle Initial Title Last Name First Name First Name Middle Initial Title Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name Middle Initial Title Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name Middle Initial Title Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name Middle Initial Title Name of Attesting Officer: Description Des							
Last Name First Name First Name Middle Initial Title	Firm's Officers/Title						
Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name Middle Initial Title Attesting Officer's Phone # () ext E-mail Address: B. Type(s) of Certified Individuals Employed Please indicate the type(s) of certified individuals the firm intends to employ:				First Name		Middle Initial	Title
Name of Attesting Officer: (Officer signing page 3 of application) Last Name First Name Middle Initial Title Attesting Officer's Phone # () ext E-mail Address: B. Type(s) of Certified Individuals Employed Please indicate the type(s) of certified individuals the firm intends to employ:		Last Name		First Name	_	Middle Initial	Title
Attesting Officer's Phone # (ext		Last Name	· · · · · · · · · · · · · · · · · · ·	First Name		Middle Initial	Title
Attesting Officer's Phone # (ext ext.	Name of Attesting	Officer:		First Name			
B. Type(s) of Certified Individuals Employed Please indicate the type(s) of certified individuals the firm intends to employ:							
Please indicate the type(s) of certified individuals the firm intends to employ:	Attesting Officer's	Phone # ()		ext	E-mail Ad	ddress:	
Please indicate the type(s) of certified individuals the firm intends to employ:				_			
	B. Type(s) of Co	ertified Individual	s Employed	Í			
□ Inspectors □ Abatement Workers □ Inspector/Rick Assessors □ Supervisors □ Project Decignors	Please indicate the	type(s) of certified i	ndividuals the	firm intends	to employ:		
Hisperiols Hyperement Montels Himsperiol/Visk Vasessola Higheriolog Historic Designers	☐ Inspectors ☐ A	batement Workers	☐ Inspector/	Risk Assesso	rs 🗆 Supervis	sors 🗆 Project Desiar	ners
□ Renovators □ Dust Sampling Technicians					•	,	-

C. Certification Fee

The Utah DAQ has established a fee of \$100.00 per year for the certification of firms who only perform Renovation activities and \$250.00 for firms who perform any other regulated LBP work activity. To determine your total LBP firm certification fee, place the number of years of certification your firm is applying for with this application, place the number in the **Years of Certification** column of the table (below), multiply the number of years by \$100.00 or \$250.00 and put the appropriate fee in the **LBP Firm Certification Fee** column. This firm fee must be paid to the Utah Division of Air Quality at the time of application. Certification fees represent the cost for a complete certification year or any fraction thereof. LBP firm certification will expire at the end of the month the application is approved on the appropriate year based on the fee received by the Utah DAQ.

	Years of Certification (five years maximum)	LBP Firm Certification Fee
Certified Lead-Based Paint Firm	X \$275.00	
Certified Lead-Based Paint Renovation Firm	X \$110.00	

D. Professional Certifications

Does your **firm** (not individuals working for the firm) hold current permits, licenses, certifications, registrations in the lead-based paint field with the UDEQ/DAQ, USEPA, other State, Territory, or Indian Tribe? If yes, please complete the following section, one line for each permit, license, certification or registration held. Attach additional sheets of paper using the following format, if necessary.

Yes No

Certification Discipline	Area/Region (list Utah DAQ, USEPA, other State, Territory, or Indian Tribe name)	Certification/Identification Number	Date received
Certification Discipline	Area/Region (list Utah DAQ, USEPA, other State, Territory, or Indian Tribe name)	Certification/Identification Number	Date received
Certification Discipline	Area/Region (list Utah DAQ, USEPA, other State, Territory, or Indian Tribe name)	Certification/Identification Number	Date received
E. Lead-Based F	Paint Violations		
paint violations of \	individuals working for the firm) have any past, present, or Utah DAQ, USEPA, other State, Territory, or Indian Tribe re- in below. Attach additional sheets of paper if necessary.	pending lead-based gulations?	Yes No (circle one)
F. Additional Inf	formation		
Use the following s	pace for any additional information or comments that you wa application. Attach additional sheets of paper, if necessary.	ant the Utah Division of Ai	r Quality to

G. Certification Statement

The firm named in Section A of this application (hereafter referred to as "the firm") attests that the firm shall only employ appropriately certified employees to conduct regulated lead-based paint work activities. The firm will encourage all employees to maintain their certifications according to Utah Administrative Code (UAC) R307-840, UAC R307-841, and UAC R307-842, and conduct lead-based paint work activities only in those areas which the employee has received specific certification. The firm and its employees will follow the work practice standards in UAC R307-840, UAC R307-841, and UAC R307-842 for conducting lead-based paint work activities at all times.

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I attest and affirm that it is the intent of the firm named in Section A of this application to meet the requirements outlined in the previous certification statement. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

Attesting Officer's Signature	Date Signed	
Attesting Officer's Printed Name	Attesting Officer's Title	
Before you mail your application, please che	ck to make sure you have:	
☐ Filled out all sections of the application?	☐ Enclosed the appropriate certification fee?	
☐ Signed and dated the application?	☐ Made a copy of the application for your files?	
Mail original completed application, supporti	ing materials and fees in one package to:	

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Official Use Only Applicants: Please	Official Use Only	
Date Application Received		·
Date Application Reviewed	_ Date Additional Information Requested	
Date Additional Information Received	Date Application Approved	
Certification Expiration Date	Certification #	
Additional Information:		
DAQA-582-18		Revised 6/25/18